Application Number **CLAIMS ONLY** Filing Date 09/728096 Applicant(e) OI-22-0 AFTER FIRST AMENDMENT May be used for additional claims or amendments AFTER SECOND
AMENDMENT
Indep Depend Depend Indep Depend Indep Depend 65 68 69 61 62 63 64 65 66 67 68 70 71 72 73 76 16 21 23 24 25 26 27 29 81 83 84 85 86 87 88 36 9 92 93 94 43 44 99 100 Total Indep Total Depend Total Claims 50 Total Indeg 13 Total Depend Total Claims